



Application for a San Bernardino County
Death Certificate

LARRY WALKER
Auditor/Controller-Recorder
County Clerk

INFORMATION: San Bernardino County only has records of deaths that occurred in San Bernardino County. For all other death records you must contact the county in which the death occurred or contact the State Office of Vital Records – M.S. 5103, P.O. Box 997410, Sacramento, CA 95899-7410. Phone Number: (916) 445-2684.

INSTRUCTIONS: Use a separate blank application for **each** record of death requested. **All sections must be completed in their entirety.** The fee is \$12.00 for each certified copy requested. If no record of the death is found, the \$12.00 fee will be retained for searching as required by statute and a “Certification of No Record” will be issued.

PAYMENT OPTIONS:

Mail orders – Check or credit card (Visa or Mastercard only). All mail orders are subject to a \$4.00 processing fee. Include with this application sufficient money, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to the “San Bernardino County Recorder”. The fee is \$12.00 for each certified copy. Mail this application along with the fee to the San Bernardino County Recorder’s Office, 222 West Hospitality Lane, San Bernardino, CA 92415. Please allow 3-5 weeks processing time.

Walk-in customers – Check or cash for same day service.

CERTIFICATE INFORMATION – PLEASE PRINT LEGIBLY OR TYPE

1. Give all the information you have available for the identification of the record. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
2. The County Recorder may provide a certified copy of a death record to an authorized person only. If a requestor does not meet the requirement of an authorized person (as described in Health & Safety Code Section 103526), the County Recorder may only issue an informational certified copy of death with a legend stating “**INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.**” This section of the application must be completed **prior to submission** and no refund or exchanges will be made after the copy has been issued. Please indicate the number of certified copies you are requesting.

Name of Decedent – First Name	Middle Name	Last Name
City or Town of Death	Date of Death (If unknown, enter approximate date of death)	
Indicate “ Certified ” Copy or “ Informational ” Copy:		Number of Copies Requested

APPLICANT INFORMATION – PLEASE PRINT LEGIBLY OR TYPE

1. When **Appearing In Person** – **COMPLETE BOTH TOP AND BOTTOM PORTIONS.** San Bernardino County requires photo identification. You will need to sign the application under penalty of perjury in front of a member of our staff.
2. **Mail Requests** – **Complete both top and bottom portions.** but do not sign the Penalty of Perjury statement. **See the reverse side.**

Purpose for Which Certificate is to Be Used	Relationship to Decedent		
Name of Person Completing Application	Daytime Telephone Number – Area Code First		
Address – Number, Street, and Unit # (if applicable)	City	State	Zip Code

- ☐ I agree not to use the death record obtained from this application or any portion thereof, for fraudulent purposes.
- ☐ I agree not to use the death record obtained from this application or any portion thereof, for fraudulent purposes. I am signing my own legal name and I am an authorized person as shown in Health and Safety Code Section 103526. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Signature

BELOW SECTION FOR RECORDER’S USE ONLY

Local Registration Number	Amendment Number(s)	Bank Note Paper Number(s)	Reg ف	Info. Cpy ف	CTF. No Record ف
Date Processed	(Circle One) Counter Mail	Type of I.D. and Identifying Numbers	Clerk’s Initials		

Mail Requests – Payment may be made by check, postal or bank money order, cashier's check, Visa or Mastercard. Please check the appropriate box:

☐ Check Enclosed

☐ Money Order/Cashier's Check

☐ Credit Card # _____ V-Code _____

(V-Code is the last 3 digits on the signature
line located on the back of the card)

Type of Card _____ Expiration Date _____
(Visa or Mastercard)

(Subject to a processing fee)

IMPORTANT

Unauthorized Persons/Informational Copies – Please sign below.

I agree not to use the record obtained from this application or any portion thereof, for fraudulent purposes.

Signature

Authorized Persons/Regular Certified Copies – Requestor will need to sign this penalty of perjury statement in front of a notary public prior to submission. Please Note: When submitting multiple certificate requests, all must be signed, however, only one request would require the notarized statement.

I agree not to use the record obtained from this application or any portion thereof, for fraudulent purposes. I am signing my own legal name and I am an authorized person as shown in Health and Safety Code Section 103526. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

CERTIFICATE OF ACKNOWLEDGMENT

State of _____
County of _____ } ss.

On _____ before me, _____
(Name and title)

personally appeared _____ personally
known to me (or proved to me on the basis of satisfactory evidence) to be the person(s)
whose name(s) is/are subscribed to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by
his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(NOTARY SEAL)

NOTARY SIGNATURE